



APPLICATION & INSTRUCTIONS

Missouri Gaming Commission
P.O. Box 1847
Jefferson City, MO 65102
(573) 526-4080

A Guide to Employment with the Missouri Gaming Commission

GENERAL INFORMATION

The Gaming Commission is a subdivision of the Department of Public Safety, which is comprised of merit and non-merit divisions. The Commission is a non-merit organization; however, it uses the same cooperative selection system process as merit agencies.

When your application is received, it will be reviewed for completeness and your eligibility will be established. You will be advised if additional information is needed to make an eligibility determination for the position(s) for which you are applying. Once your application has been reviewed and eligibility has been determined, you may be contacted to discuss your availability or to schedule an interview.

TO APPLY FOR POSITIONS

Your application is the primary source of information about you when you apply with the Commission. Be sure the application is completed, neat, and easy to read. Incomplete applications will be returned to you for completion, which will delay consideration of your application. Resumes will be accepted but not in lieu of a completed application.

It is wise to make an additional copy of your completed application for reference. For your convenience, to follow is an electronic version of the application in which you may press the tab key to move from field to field and type your response. You must submit an original printed copy of the application to the Missouri Gaming Commission at the address indicated below in order to apply for jobs. Electronic copies will not be accepted.

It is your responsibility to notify the Personnel Office of the Missouri Gaming Commission of any changes in your name, address, or telephone numbers.

Your application will remain on file at the Missouri Gaming Commission, HR Recruitment Office for a period of six months, so that you may be considered for additional positions that become available. However, it is your responsibility to notify the Missouri Gaming Commission if you wish to be considered for other positions during this period.

You may find it helpful to visit our website at <http://mgc.dps.mo.gov> for additional information about the Missouri Gaming Commission, calling (573) 526-4080 or e-mail: recruitment@mgc.dps.mo.gov

Your completed application and attachments should be submitted to the Missouri Gaming Commission at the following address:

**Missouri Gaming Commission
ATTN: Human Resource Recruitment Section
P.O. Box 1847
3417 Knipp Drive,
Jefferson City, Mo. 65102**

An Equal Opportunity Employer, Missouri Gaming Commission reserves the right to fill positions through transfer and reclassification of existing employees.



APPLICATION FOR EMPLOYMENT
"An Affirmative Action/Equal Opportunity Employer"

Missouri Gaming Commission
P.O. Box 1847
Jefferson City, MO 65102
(573) 526-4080

You must fill out all sections of this application completely and honestly. Attach additional sheet(s) if necessary.
Resumes not accepted in lieu of completed application.

POSITION APPLIED FOR:

Title:	Vacancy Number:	Salary Desired:
--------	-----------------	-----------------

PERSONAL INFORMATION:

Name (Last, First, Middle Initial):			Email Address:							
Address (Street and Number or RFD):			Social Security Number							
					-			-		
City:	State:	Zip:	Home Telephone Number:		() -					
Cell Phone Number:		() -	Work Telephone Number:		() -		ext			
			May we contact you at work?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Other names you have been employed under:										
Have you notified your supervisor that you are applying for this position? YES <input type="checkbox"/> NO <input type="checkbox"/>										
How did you find out about the job opening?										

EDUCATION & SKILLS:

High School or General Education Development Test Passed?					YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Name of High School/Location:				Highest Grade Completed?				
POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, MILITARY, ETC.) Please list all education beginning with most recent. Indicate diploma or degree earned and attach transcripts/completion certificate.								
Name & Location of School/College		Credits Earned		Degree Type		Major/Minor		
		Quarter Hours/Yrs Completed	Semester Hours					

INDICATE SEMESTER HOURS COLLEGE CREDITS IN THESE AREAS:**Please attach a copy of transcripts**

Accounting	Business Administration	Computer Science Information	History	Physics	Social Work
Agriculture	Chemistry	Economics	Journalism	Political Science	Sociology
Biological Sciences	Criminal Justice	Education	Mathematics	Psychology	Statistics

MILITARY SERVICE: Attach a copy of Form DD214

Branch of Service	Entry Date Mo/Yr	Discharge Date Mo/Yr	Type of Discharge
-------------------	------------------	----------------------	-------------------

CERTIFICATES/LICENSES: If you are currently certified, registered, or licensed to practice a profession or occupation, give the following and attach a copy of the certificate/license.

License/Certificate Issued By:	Field/Trade/Specialization	License/Certificate Number	Date of Issue	Expiration Date

SKILLS**What office equipment can you operate efficiently?****List software at which you are proficient**

Typing Speed NET WPM	Shorthand Speed WPM	Date of Last Test	Administering Organization
-------------------------	------------------------	-------------------	----------------------------

PERSONAL DATA**A. Have you ever been convicted of a felony?**YES ☐NO ☐

Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on its individual merits; however, falsification of the application will result in disqualification. (Suspended execution of a sentence is a conviction.)

List all such cases in the "Remarks" section and in each case give:

1. List date, court, and county location;
2. The nature (type) of offense or violation (stealing, burglary, etc.);
3. The penalty imposed (disposition).

REMARKS:**B. Are you authorized to work in the U.S.?**YES ☐NO ☐**C. Are you willing to travel if the position requires it?**YES ☐NO ☐

EMPLOYMENT HISTORY:

- Describe in detail all positions you have held during the past five (5) years, to include military service. Start with your present employment or if unemployed your most recent employment. List your employment history in reverse order most recent to last.
- If you have more than one job with the same organization, list each as a separate period of employment. Explain gaps in employment history. Attach extra sheets if necessary following the same format used herein.
- Be sure to indicate where the record of your experience may be verified. This information will be used in reference checks. Failure to answer all items may eliminate you from further consideration.
- **A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW**

EMPLOYER'S NAME		DUTIES	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
	() -		
MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?
REASON FOR LEAVING			

EMPLOYER'S NAME		DUTIES	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
	() -		
MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?
REASON FOR LEAVING			

EMPLOYER'S NAME		DUTIES	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
	() -		
MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?
REASON FOR LEAVING			

EMPLOYMENT HISTORY CONTINUED:

Attach extra sheets if necessary following the same format used herein.

EMPLOYER'S NAME		DUTIES SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE		TELEPHONE	
		() -	
MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?
REASON FOR LEAVING			
EMPLOYER'S NAME		DUTIES SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE		TELEPHONE	
		() -	
MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?
REASON FOR LEAVING			
EMPLOYER'S NAME		DUTIES SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE		TELEPHONE	
		() -	
MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID?
REASON FOR LEAVING			

BUSINESS REFERENCE: Please provide a list of business references requested below

Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number: () -

Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number: () -

Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number: () -

Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number: () -

Information Verification Authorization**Application Certification**

PLEASE READ CAREFULLY AND SIGN – I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for rejection of my application. I further understand that the Missouri Gaming Commission has the right to review my education, previous employment, driving and criminal records and other background data.

Applicant's Signature:	Date:
-------------------------------	--------------

Authorization for Release of Information

I hereby authorize my previous employers or any educational institution I have attended and disclose to any Missouri Gaming Commission authorized representative any information they have regarding my character, academic record or employment history, whether on record or not. I also authorize any enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the Missouri Gaming Commission to examine, copy or receive any records pertaining to me regarding convictions or driving record. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers agents and employees for any liability for any damage whatsoever for issuing such information.

Signature:	Date:
-------------------	--------------



Applicant Characteristic Survey

Missouri Gaming Commission

P.O. Box 1847

Jefferson City, MO 65102

(573) 526-4080

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant or your application for examination. This information will be used for federal reporting and research purposes only to find out how effective our recruitment efforts are in reaching all segments of the population and in providing equal employment opportunity.

Instructions:

Please fill in your Social Security Number in the spaces provided below. Place your numbered answer to each question in the space to the left of each question. Return this form with your application for employment.

SOCIAL SECURITY NUMBER:

			-			-				
--	--	--	---	--	--	---	--	--	--	--

	What Sex are you? 1. Male 2. Female
	What is the highest level of education you have attained? 1. 0-8 Years 2. 9-12 Years but not a high school graduate 3. High school graduate (or passed GED test) 4. Post high school vocational or business school training 5. College, less than B.A. or B.S. degree 6. B.A. or B.S., or comparable bachelor's degree 7. M.A. or M.S., or comparable master's degree 8. PhD, JD, LLB, or comparable professional degree 9. MD, or comparable professional degree in medicine
	Of the following, of which racial/ethnic group do you consider yourself a member? 1. American Indian 2. Hispanic 3. Asian/Oriental 4. Black 5. White 6. Other
	What is your age? (Indicate the age group in which you fall). 1. 16-24 Years 2. 25-29 Years 3. 30-39 Years 4. 40-49 Years 5. 50-59 Years 6. 60-64 Years 7. 65-69 Years 8. 70 or more years
	How did you learn about this position? 1. Web Site 2. Missouri State Division of Employment Security 3. Other State Agency 4. Friend 5. Newspaper 6. State Employee 7. School 8. Other
	Do you have any physical or mental disability which does not prevent employment, but which should be considered in job placement? If you do, indicate the area of impairment 1. No disability 2. Sight 3. Hearing 4. Amputee 5. Epilepsy 6. Diabetes 7. Cardiac 8. Partial Paralysis 9. Mental 10. Other